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In reply please refer to: T9/372/23  
Prière de rappeler la référence:

Your reference:  
Votre référence:

Mr George Oswald  
Activity Manager  
USAID (Health Office)  
Novinsky Boulevard 19/23  
121099 - Moscow  
Russian Federation

17 July 2001

Dear Mr Oswald,

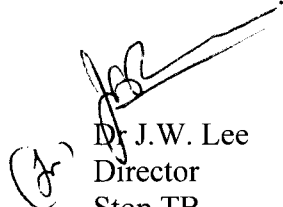
**Re: Grant No. 118-G-00-99-00112**

**Progress Report to the United States Agency for International Development from the Communicable Diseases Programme of the World Health Organization on Tuberculosis Control in the Russian Federation Pilot Programme, December 2000 to May 2001**

I have the pleasure to submit the third progress report in respect of the above project. The report includes a narrative description of activities conducted and a short financial summary of expenditures against the above grant.

Should you have any comments, please do not hesitate to contact me.

Yours sincerely,

  
Dr J.W. Lee  
Director  
Stop TB  
Communicable Diseases Programme

cc: PPC/CDIE/DI, Ronald Reagan Building, US Agency for International Development,  
Washington, D.C. (2)  
EXD/CDS  
EURO/DGR, Moscow  
EURO, Attention: Dr R. Zaleskis, Team Leader, TB

Encl.

**Progress Report to the United States Agency  
for International Development**

**from the  
Stop Tuberculosis Department of the World Health Organization**

**On  
Tuberculosis Control in the Russian Federation  
Pilot Programme**

**December 2000 – May 2001**

**Introduction**

The World Health Organisation (WHO) and the Centers for Disease Control and Prevention (CDC) have continued their joint assistance to three pilot TB programmes in Ivanovo, Orel and Vladimir. The Patient Management programme (including the patient incentive scheme) was implemented in Ivanovo oblast and the preliminary results show improved patients' adherence to treatment. The results of Orel treatment outcomes were published in the Morbidity Mortality Weekly Report (MMWR) 2001; 50: 201-206. Orel Project was granted a "green light" for the procurement of Ofloxacin and Capreomycin which will be utilised in the treatment of patients who have failed the standard short-course chemotherapy regimen and their drug susceptibility status is unknown. However, constraints were noted in the Vladimir oblast, of which the major problem is lack of political commitment of the Oblast Administration.

Most of the activities were carried out jointly with the representatives of the Central Tuberculosis Research Institute in Moscow (CTRI). USAID staff also attended missions to the Oblasts.

The detailed reports on case finding, sputum smear conversion and treatment outcome from all three project sites are attached in Annex 1.

**A. Management of the Programme**

**1. On site monitoring and technical assistance**

**Ivanovo**

***January 2001***

A monitoring mission was carried out to Ivanovo to evaluate the effectiveness of the case management plan which was introduced in the third quarter of 2000 and to check the stock of anti-TB drugs. During the mission, the standard Quarterly Report of the TB programme Director and the draft Activity Plan for 2001 were discussed.

The Oblast Administration continues to match the costs for the case management plan by providing free bus tickets for TB patients and keeping the daily food ratio at 22-23 roubles/patient/day. A TB Project Manager was nominated at the Ivanovo Oblast TB Dispensary to be fully responsible for all activities related to the DOTS project. Home DOT was successfully introduced by the staff of the Ivanovo TB polyclinic.

A joint WHO/CDC/USAID meeting was held with the newly elected Head of the Oblast Administration. During the meeting, the TB control project supported by USAID was presented. The Governor ensured the Oblast Administration's continued commitment to TB control. He will continue supporting free bus transport and food to TB patients. The Governor also agreed to chair the quarterly TB control commission. After the meeting, interviews with mass media were held and broadcasted by the local TV station.

### ***February 2001***

The joint mission (including the representatives of CDC, USAID, CTRI and WHO) was performed to Ivanovo including the assessment of the TB programme in the prisons. A representative of the University of Alabama at Birmingham and the Gorgas Institute joined the mission in the capacity of an observer.

Treatment outcomes were analysed with the oblast TB staff. It was noted that sputum conversion of patients registered for treatment in quarter 3 of 2000 increased to 83%. Treatment success for new cases registered in Quarter 4 of 1999 remained low (48%) but it reflected the TB programme performance prior to the implementation of the Patient Management Programme. Improved treatment outcomes can be expected in patients registered in Quarter 2 of 2000. Several raions were visited and the network of clinical diagnostic laboratories was evaluated.

Assessment visits were performed to 8 penitentiary institutions, including female colonies, pre-detention centres (SIZO) and the TB colony hospital in Talitsa. Representatives from the Ministry of Justice participated in the mission. The DOTS based programme was implemented in the penitentiary system of the oblast in 1998 with the assistance from the Public Health Research Institute (PHRI). However, recently PHRI ended its financial support and the supply of anti-TB drugs is deteriorating.

WHO and CDC will support the prison TB services and all details will be discussed with PHRI, Oblast prison administration and the Ministry of Justice. Special attention will be paid to the link between civilian and prison TB services in order to ensure continuity of treatment of discharged prisoners with TB.

### ***March 2001***

The Ivanovo TB dispensary and the Russian Red Cross organised a comprehensive programme on the occasion of the World TB Day focusing on public mobilization for TB control, including:

- lectures and discussions for general public and TB patients;
- dissemination of prophylactic and educational materials in secondary and high schools, industrial enterprises and sanatoria;
- poster and slogan competition;

- mobilizing mass media;
- appeal to the business community in Ivanovo with the slogan "Protect ourselves against TB";

The article on "Tuberculosis Treatment Interruption ---Ivanovo Oblast, Russian Federation, 1999" was published in MMWR on the occasion of World TB Day in the March 2001 edition.

### ***May 2001***

A joint WHO/CTRI monitoring mission was held to evaluate quarterly monitoring of the civilian and prison TB control programmes. In addition, monitoring missions to the TB Hospital and the raions were conducted and the laboratory performance checked.

The mission met with the Oblast Administration to discuss the progress of the TB project and with the Rector of the Ivanovo State Medical Academy. The first deputy Governor reiterated the political commitment to the TB control programme. The next Interagency TB control commission was scheduled for June 2001. The Rector of the Medical Academy offered (at no cost) the premises of the State Medical Academy to hold meetings and training seminars.

Patient treatment cards were checked and treatment outcomes were analysed. Sputum conversion of new cases remained above 80% and the treatment success increased to 67%. (Quarter 1 2000 patients).

## **Orel**

### ***December 2000***

A monitoring mission was held to discuss the draft Activity Plan for 2001 and attend the meeting with the representatives of Red Cross from Moscow and Orel.

The Red Cross programme on social and educational support for vulnerable TB patients has started. In December 54 patients were included in 4 raions.

The meeting with the senior staff of the Oblast TB dispensary was held and the system of supervisory visits to the raions was discussed. The need to develop ambulatory directly observed treatment scheme (DOT) was stressed as the hospital doctors are reluctant to discharge TB patients after the intensive phase fearing that the continuation of treatment in the raions may not be effective.

Supervisory visits to the clinical diagnostic laboratories of TB and general health care services were performed by the CTRI laboratory expert. Overall assessment of the laboratory performance in Orel was favourable. The supervision by Oblast TB dispensary to the laboratories of the general hospitals has been regular and effective. High bacteriological confirmation of newly detected pulmonary TB patients was achieved (75.9% by culture, 45% by smear). Remodelling of the new laboratory building at Oblast TB Dispensary was finished which will allow integration of the clinical and bacteriological laboratories.

### *February 2001*

A joint WHO and Red Cross mission was held to evaluate the Red Cross programme on social support and educational activities and to meet with the Oblast Administration to discuss the project's progress.

The main achievements of the Red Cross were:

- training was performed for selected Red Cross home visiting nurses;
- the necessary equipment was purchased (office and communication tools, a vehicle for supervision);
- two medical/social rooms were established;
- food parcels and hygiene kits are distributed as incentives to patients adhering to treatment;
- home DOT is performed in the Orel raion;
- a comprehensive package of educational activities was put together, including a network of peer educators and youth volunteers.

The main problems identified were:

The Red Cross programme does not cover sputum smear positive patients and concentrates its activities on the urban centres of the raions instead of remote areas. In general, the programme is satisfactory but covers too few patients (54) and too few raions (4).

The meeting with the Deputy Governor and the Health Commissioner of the Oblast was held during which strong political commitment from the Administration to the TB control programme was reiterated.

The laboratory supervisor from CTRI discussed some problems with the Oblast Laboratory staff. A number of inconsistencies between the Project Technical Protocol and the current Russian MoH regulations were clarified. A need for additional training for laboratory staff and hospital doctors on the role of microbiology and its implications on treatment decisions was identified.

A second joint mission (with the CDC and CTRI representatives) to Orel Oblast was held to evaluate quarterly monitoring of the civilian and prison TB services, discuss planning for DOTS Plus project and to meet with the Oblast Administration to discuss the project's progress

During the mission, several activities were performed:

1. Summary data for the first three cohorts (combined civilian and prison sectors) was prepared;
2. Review of laboratory needs in terms of training and further procurement;
  - The remodelling of the new laboratory allows for additional equipment and better infection control practices. The whole renovation was funded by local administration. A computer for the laboratory was donated by WHO and has now the CTRI laboratory database installed. A draft protocol for a DRS project is being written.

3. A review of pharmacy records and supply;
  - Important drawbacks in the drug management system were identified and need to be addressed;
4. A visit to TB hospital prison.
  - Continued good programme performance in the prison was noted with the cumulative success rate slightly above 80%. A computer was donated by WHO allowing electronic entry of the programmatic, clinical and laboratory data. A special ward for MDR TB patients will be established.

Infection control issues were debated. A specialized training on institutional control for selected staff from the three Oblasts will be organised. As part of the training, trainees will develop comprehensive infection control strategies for their hospitals.

It was decided that a regional DOTS training and demonstration centre is to be established in Orel. The Orel TB control programme will then serve as a model for the neighbouring oblasts.

Operational planning for the launch of the DOTS Plus programme was discussed. The DOTS Plus protocol is being finalized while a CDC public health adviser will assist in writing the GLC application for the procurement of second line anti-TB drugs.

A 1-2 week visit by CDC experts in HIV was planned to Orel to review and evaluate the HIV/AIDS epidemiological situation and to discuss possibilities of a joint TB/HIV-AIDS control strategy.

### ***March 2001***

Different activities were organised in the context of the World TB day, including:

- radio and TV announcements and newspaper articles;
- poster competition;
- interactive sessions at the Youth Centre, Orel State Technical University, College of Commerce and the Vocational School. The programme involved both teachers and students.

The electronic database on patient management from the Ivanovo TB programme was installed in the Orel TB Dispensary. The database developers from Ivanovo trained the staff of the Orel surveillance department on its use.

The article "Evaluation of a DOTS Control Strategy for TB Disease in Orel Oblast, Russia, 1999-2000" was published in MMWR on the occasion of World TB Day (March 2001 edition).

### ***April 2001***

A joint WHO/Russian Red Cross mission was held to monitor the Red Cross programme in the oblast and meet with the Oblast Administration and the Prison Administration to discuss possibilities of extending the Red Cross project into a second year.

The Red Cross programme increased its coverage from 4 to 11 raions and from 54 to 117 TB patients.

The Prison Administration requested to expand the Red Cross project into the TB Prison Hospital. Especially food would be welcomed. An official written request was handed to WHO (which was forwarded to international food aid organizations).

It was decided that the Red Cross programme would cover all raions in the oblast with the social support and 5 to 6 additional raions with DOT. For this, WHO will have to approve the budget revision to enable purchase of 1 more car to Red Cross in Orel. An official request was submitted to WHO.

### ***May 2001***

On the request of WHO, the American non-governmental organisation "Feed The Children International" confirmed its willingness to consider the installation of a "soyacow" in the TB hospital prison in Orel to increase food supply to the TB patients.

### **Vladimir**

### ***December 2001***

Representatives of WHO, CDC, USAID and CTRI attended the first Interagency TB Control Commission meeting held at the Oblast Administration and chaired by the deputy Governor on Social Affairs. Reports were made by the Chief of Medical Department of Penitentiary Services, the deputy Chief of the Ministry of Interior, the Chief doctor of Ivanovo TB Dispensary and WHO.

WHO gave an update of the activities and procurement supported so far, and requested the Administration to allow for better premises for the Oblast TB Dispensary and for social support for TB patients. The Administration promised this support as well as to look into possibilities to open a shelter for the homeless TB patients.

### ***February 2001***

A joint WHO/CDC mission was performed to evaluate all aspects of the civilian TB control programme and to perform the assessment of the penitentiary TB control programme. A representative of the Ministry of Justice participated in the mission.

The diagnostic and treatment procedures in the Oblast TB dispensary were analysed. In principle, the staff follow the Project Technical Protocol. However, supervisory activities to the raions and the communication between the Oblast TB Dispensary and the raions should be improved.

The analysis of the quarterly reports on case finding (quarter 1, 2001) and on sputum conversion (quarter 4, 2000) revealed the 84% conversion for new cases.

The major problem is lack of political commitment from the Oblast Administration which overshadows the improved performance of clinical staff. Despite repetitive promises, the Administration failed to improve the crumbling facilities of the Oblast TB dispensary. The current facilities do not even allow for the use of laboratory equipment purchased by WHO and cannot serve as a training facility.

### ***March 2001***

The Oblast TB Dispensary organised a month's awareness campaign timed for the World's TB Day. So-called "Health Schools" were organised at the Oblast TB Dispensary. Different events, articles and TV spots were covered by mass media.

### ***April 2001***

Representatives of USAID and CTRI participated at the second Interagency TB Control Commission meeting. Unfortunately, neither the Governor, nor the Health Commissioner attended the meeting. In addition, no resolution from the first meeting was available.

A separate meeting with the Governor was requested by USAID and CTRI.

### ***May 2001***

A reminder was sent to the Oblast Administration to organise a meeting with the Governor to discuss the Oblast's contribution to the TB control programme which would match the costs paid by WHO.

### **Assessment mission to potential fourth USAID-funded oblast**

WHO performed an assessment mission to Krasnajarsk Kraj (Siberia) in the context of identifying a fourth USAID-funded oblast to implement the WHO TB control strategy. The Head of the Kraj Administration, Governor Lebed, had appealed repetitively to WHO for assistance in the TB situation.

Meetings with the Oblast Health Department, the chief TB doctor, Medical Institutions and the Prison Administration were held. The ongoing TB control program was assessed in the Kraj and City TB Dispensary and in the Prison sector. A strong political commitment to cooperate with WHO was identified at different levels. Many elements of the DOTS strategy are already in place both in the civilian and prison sector and a close collaboration was noticed between different sectors of health care.

The University of Alabama/Gorgas Institute, the potential WHO consultant for the fourth USAID site, is already working in the neighbouring Kemerovo Oblast which would facilitate expanding their support to Krasnajarsk.

### **Interregional collaboration**

#### ***February 2001***

A delegation from Tomsk Oblast visited the TB control programmes in Ivanovo and Orel. Practical experience was exchanged and solutions to common problems were discussed. It was decided to organise a visit to Tomsk by TB staff from Orel and Ivanovo.

#### ***March 2001***

WHO, together with Red Cross and other national and international organizations organised a poster competition for children in all Russian oblasts where the WHO TB control programme is being implemented.



The winner (from Orel) was rewarded a special prize, which was presented at the press conference organised on the occasion of the World TB Day in Moscow in the presence of Ministry of Health, Ministry of Justice, research TB institutes, different national and international organizations and donors involved in TB control, and the mass media.

#### ***April 2001***

An Interregional Workshop on the implementation of the WHO TB control strategy in the Russian Federation was organised in Novgorod Oblast. Representatives of the Ministry of Justice, CTRI, WHO, CDC, USAID and 13 regions attended. Participants exchanged practical experience gained from the implementation of the WHO TB control strategy in different small working groups, drew conclusions and developed recommendations for the future.

## **2. Training**

### **Ivanovo:**

#### ***January 2001***

A training course was held for laboratory technicians from TB and general health care service in Basic Mycobacteriology. Two groups, each consisting of 50 participants were trained.

#### ***February 2001***

A seminar was organised and chaired by the Health Commissioner to discuss the project implementation during the previous year. Representatives of the civilian, prison and psychiatric TB hospitals attended. WHO and CDC staff attended this seminar and presented major findings and recommendations for 2001 activities.

#### ***May 2001***

A training course for the civilian, prison and psychiatric TB doctors on TB control at raion level was held. During the course, the importance of the continuation of treatment of the released prisoners with TB was emphasized.

### **Orel:**

#### ***December 2001***

A training course on Management of TB control at district level for TB nurses and feldshers from raions was held by CTRI staff in Orel.

#### ***January 2001***

Three staff from the Oblast Dispensary participated in DOTS Plus training at the MDR-TB Centre of Excellence in Riga, Latvia. The chief of Oblast Programme, spent 3 days training on general DOTS-plus programme management. Two clinicians participated in a 3-week comprehensive MDR-TB training course. They each found the training to be extremely beneficial both in reinforcing basic DOTS principles and in preparing them for managing a DOTS-plus project and specifically for managing MDR-TB patients.

### ***May 2001***

A refresher-training course for nurses and feldshers on TB control at raion level was organised by the Oblast TB Dispensary. A refresher training for laboratory technicians on sputum smear microscopy and quality control was held by the senior Orel TB Laboratory staff.

### **Vladimir:**

### ***March 2001***

A training course on "Management of TB control at District Level" for doctors of the penitentiary and civilian service was organised by WHO, CTRI and CDC.

### ***April 2001***

One laboratory doctor from the Vladimir TB prison was sent to USA for training in mycobacteriology organised by the supranational laboratory in Massachusetts. The expenses of this training were paid by WHO.

### ***May 2001***

A training course on TB control at raion level for doctors of the general health services was organised by the CTRI and Vladimir TB staff.

### **CTRI**

### ***April 2001***

WHO and CDC have been working jointly over the last year revising the WHO training modules on "Managing Tuberculosis at the District (Raion) Level for Russia". A field test of the modules was organised jointly by WHO, CDC and CTRI. The field test consisted of four days (April 17<sup>th</sup> - April 20<sup>th</sup>) and was hosted by CTRI in Moscow.

The field testing workshop brought together specialists from CTRI who have been assisting the oblasts in the implementation of WHO recommendations to TB control, representatives of 5 oblasts (including Orel, Ivanovo and Vladimir), and representatives from the Russian Ministry of Health-supported "thematic working groups", convened to provide new revised recommendations on various aspects of TB control in Russia. The field test workshop allowed participants to actively comment on the WHO revised training material. Participants provided relevant feedback on the training material focusing on the new recommendations for the Russian TB programme which are being developed by the Ministry of Health with technical assistance from WHO. The workshop provided participants with a forum to share ideas and experiences, debate approaches, and to build consensus on key issues.

Future plans:

- CDC and WHO will incorporate comments gathered at the field testing workshop into revised draft in May and June 2001;
- The revised version will be sent to workshop participants and to representatives of the thematic working groups for their final comments in July 2001;

- CDC and WHO will incorporate final comments in July and August 2001;
- Printing and distribution of the materials will be financed by CDC and is scheduled for September 2001;
- Four courses will be organised based on the revised materials. The courses will be financed by CDC and will be conducted in October and November 2001.

### **3. CDC technical assistance in collaboration with WHO**

As described above, WHO Moscow coordinated joint monitoring missions and training courses to formulate coherent policies and facilitate work in the oblasts. In addition, few separate missions were carried out at the project sites.

#### **Moscow, Ivanovo, Orel, Vladimir**

##### ***7 February- 20 March 2001***

Ron Smithwick, CDC laboratory specialist, came to Russia to assist and train laboratory staff of CTRI and the three mentioned oblasts in the laboratory procedures.

##### **Achievements:**

- A seminar was held on Quality Assurance in Mycobacteriology for senior scientists from the Federal Centre of External Quality Control, CTRI, RIPP and the Ministry of Justice;
- Training courses were held at CTRI and the three oblasts in basic Mycobacteriology;
- A course on Acid-fast Microscopy for the oblast, raion and prison staff held by the senior oblast laboratory staff was supervised in Vladimir;
- The quality of work and equipment needs in the prisons in Ivanovo and Vladimir oblasts were assessed;
- The newly purchased laboratory equipment at CTRI and the three oblasts was assembled and the staff were trained to use it.

#### **Ivanovo**

##### ***17 February- 16 March 2001***

Yvonne Hale, section head of the Mycobacteriology Laboratory of the Florida Department of Health, resided for 1 month and a half in Ivanovo Oblast to upgrade the bacteriological laboratory. Hands-on training was performed in the bacteriological laboratory of the Ivanovo Oblast TB Dispensary and at the culture points in the Oblast. Additional laboratory equipment needs were identified.

#### **Orel**

##### ***4 April- 28 June 2001***

Gustavo Aquino, CDC Public Health Adviser, is residing in Russia to assist the Orel TB staff in following issues:

- To prepare the future DOTS Plus project (including the application to the GLC to procure second line anti-TB drugs at concessional prices. The application was finalized and submitted to WHO/Geneva on May 4<sup>th</sup> 2001) ;

- To prepare the establishment of a regional training and demonstration centre;
- To strengthen the drug management system.

Mr Aquino will also assist the 3 USAID-funded oblasts in completing a detailed regional profile and to further identify priority areas for CDC activities.

## **Vladimir**

### ***May-June 2001***

A drug management expert is performing a 6-week assessment of the current situation on procurement and distribution of anti-TB drugs in the Oblast. The findings will allow formulating recommendations for an improved and centralized drug management scheme in Vladimir Oblast as well as in other territories of the Russian Federation.

CDC reports are available upon request.

## **4. Logistical support and procurement of goods and services**

WHO further developed a mechanism to provide specified goods and services to the three participating oblasts (Orel, Vladimir and Ivanovo) as well as to CTRI. The prison sectors of Vladimir and Ivanovo projects were newly involved into logistic support.

### ***Laboratory equipment:***

The capacity of the TB laboratories in each of the oblasts was increased through the procurement of necessary equipment, chemicals and pure substances (overall about 90 items for each site). The role and functioning of the Reference Laboratory at CTRI was also enhanced through the procurement of necessary equipment and supplies. In the context of improving Infection Control for laboratory workers, a needs assessment for biological safety cabinets was done and a purchase order was placed. Vladimir and Ivanovo prison needs in laboratory equipment were assessed.

### ***Anti-tuberculosis drugs:***

An additional supply of first-line anti-tuberculosis drugs was purchased for Orel and Vladimir oblasts (6 month supply for both civilian and prison system). The procurement of second line anti-TB drugs (ofloxacin, capreomycin) for TB patients on a revised retreatment regimen in Orel started.

### ***Office supplies:***

Adequate supply of reporting and recording forms, and basic office supplies, including photocopy paper, chart folders, etc., was provided to the project sites.

### ***Communications:***

To improve communication and surveillance, additional support was provided for telephone, fax and E-mail services.

#### *Vehicle Maintenance/Fuel:*

Quarterly support was given for vehicle maintenance and fuel for the cars performing monitoring missions to the districts, home DOT and defaulter tracing.

#### *Drug and Supply management*

A consultant on drug management system is currently performing a 26-week assessment to document the current system of procurement and distribution. The findings of the mission will be used to improve the drug management system of anti-TB drugs.

### **B. Local Coordination**

One international TB project manager is responsible for the project implementation and monitoring under supervision of the TB programme coordinator. The TB project manager is assisted in the project implementation and evaluation, procurement and custom clearance of imported goods by three TB project assistants and 1 technical clerk. A financial assistant and a part-time office administrator are supporting the project on financial and administrative issues. The organigram of the TB Programme at the WHO Office in Moscow is attached in Annex 2.

Monthly meetings are held with CTRI to update and coordinate activities. CTRI forms the vital link between the project and the Ministry of Health and is the Russian federal counterpart providing the necessary technical assistance (monitoring and training courses) and performing the proficiency testing of the Oblast laboratories.

### **C. Outreach and Follow-up**

The International Federation of Red Cross (IFRC) and the Russian Red Cross (RRC) are providing the social support and educational activities for TB patients, their families and the general public in the Orel Oblast.

The socio-educational activities consist of:

- Information and education of patients, families, staff and the community about the basics of TB. Health educational materials were developed jointly by WHO/IFRC/RRC and distributed in the 3 USAID-funded oblasts;
- Defaulter tracing, home nursing care and administration of drug intake at home for treatment defaulters;
- Hygiene kits, clothing, food packages and hot meals to selected vulnerable TB patients to increase their adherence to treatment. Hot meals are distributed at canteens and 2 medico-social rooms were established.

Currently, 117 TB patients are taken on by IFRC/RRC in 11 districts. A joint decision by WHO/Orel TB staff, CTRI and IFRC/RRC was made to expand the outreach activities to the whole Oblast and to include targeted support to the prison system.

The comprehensive Case Management Plan for the Ivanovo Oblast was revised in line with the lessons learned during Quarters 3 and 4 of 2000. The improvement in the treatment completion was noted. The percentage of treatment interrupters dropped from 13-15% in the previous quarter (prior to the Plan implementation) to 3.8% in the first quarter of 2001. The plan includes social support for patients (hygiene kits and food packages), home DOT performed by an outreach team of the TB dispensary, and a plan of education for both TB patients, family and the general public. A shelter for homeless TB patients was established on the initiative of the Oblast Administration.

In Vladimir Oblast a proposal for social support (including patient incentives and enablers) was submitted to the Oblast Administration. If the Administration agrees on this support, WHO is ready to match costs for this plan.

## **CHALLENGES**

1. An important challenge is to move towards sustainability of the projects. There is a need for increased support to TB control activities at the federal level. The experiences of the pilot projects should be utilised in the process of revising the National TB Policy by the DFID-funded "High Level Working Group on TB".
2. The federal capacity on monitoring and supervision and laboratory activities has to be strengthened. Increasing attention should be paid to education, training, and cooperation with both undergraduate and postgraduate Medical Training Institutions. There is a huge need for elaborating, printing and dissemination of relevant guidelines, textbooks and the educational material for the general population.
3. In all Oblasts, the follow-up of released prisoners with uncompleted treatment by the civilian dispensaries has to be improved and cost-effective models of social support have to be elaborated.
4. In Orel, different models of cost-effective ambulatory treatment (in addition to the Red Cross project) have to be established;
5. In Vladimir, the main concern is to gain the political commitment which will have to be expressed by increasing financial to TB control in the oblast.
6. In Ivanovo, the treatment success during next quarters will show the effect of the Case Management Plan. If the treatment adherence continues to improve, the preparations for a DOTS-plus project could start.

## **NEXT STEPS**

### **Federal/ National Level**

1. To establish a Working Group as a follow-up of the Interregional DOTS Workshop held in April in Novgorod to incorporate its recommendations in the process of revision of the National TB Policy. Submit the results and recommendations of the Interregional Workshop to the Russian and international scientific journals.

2. Develop a strategy on technical assistance, surveillance, training and education for non DOTS territories willing to work in line with the WHO recommendations to disseminate the current experience gained.
3. To organise a TB workshop for high level policy makers from the Russian Government and institutions.
4. To organise seminars for all Russian TB Research TB Institutes and Universities in cooperation with the MOH and the Russian Academy of Medical Sciences;
5. To work on capacity building and institutional support for TB control at the National Level, including intensified efforts to develop a National Referral Laboratory at CTRI and increased national drug resistance surveillance capacity.
6. To organise a DOTS Workshop for all chief phthisiologists of the Russian Prison Administration System of the Ministry of Justice.

### Regional Level

1. To expand the DOTS strategy from the current 3 Oblasts to 1 more Oblast where there is strong political commitment to implement DOTS (full support). In addition, to provide basic support and technical assistance to 3 other Oblasts where the DOTS strategy has been implemented already but the external funding has stopped
2. To address the issue of social support and patient incentives directly with the administration of each Oblast to move towards a sustainable model.
3. To have a series of meetings with the Vladimir Oblast Administration to gain strong political commitment for the TB control project.
4. Supervision, evaluation and monitoring in the regions:
  - strengthen the WHO team with more Russian staff for the projects supervision and monitoring and to work on a exit strategy allowing the projects to move towards sustainability;
  - decrease the frequency of CDC monitoring missions (from once a quarter to once every 6 months) in Ivanovo and Orel. WHO and CTRI will continue the quarterly monitoring of the above projects. International efforts will focus on Vladimir and the fourth site;
  - involve representatives of the Ministry of Justice in monitoring the prisons.
5. Training:
  - organise appropriate training and develop software for oblasts in drug management issues, epidemiology and surveillance;
  - organise practical training in for the regional laboratory staff;
  - continue refresher training for all levels of health staff involved in TB control (civilian and prison TB service, general health care system and psychiatric service).
6. Technical assistance:
  - involve the prison systems in Ivanovo and Vladimir into the oblast TB control programmes;
  - introduce second line anti-TB drugs for treatment of previously treated patients with unknown susceptibility pattern in Orel;
  - start routine drug resistance surveillance (DRS) in the three Oblasts;
  - revise and adapt the DOTS Plus protocol according with the results of DRS;

- implement and evaluate rapid diagnostic methods for drug susceptibility testing;
  - establish the regional training and demonstration centre in Orel;
  - increase the activities of Red Cross in Orel Oblast to involve a prison component and a social worker and to cover the whole Oblast with social support;
  - strengthen organization of ambulatory DOT in Orel in raions not covered by Red Cross;
  - continue to assist the Oblasts in publishing papers on DOTS results in international scientific journals.
7. To organise a visit for Orel and Ivanovo senior staff to the Tomsk Oblast TB control project in order to exchange practical experience and recommendations in the implementation of the WHO TB control strategy.
  8. Procurement and Drug management:
    - complete the ongoing procurement (anti-TB drugs, laboratory equipment and supplies);
    - based on the findings of the drug management consultancy in Vladimir, a more comprehensive system of drug management will be recommended and developed.



## Quarterly Reports on Sputum Smear Conversion

**Ivanovo Oblast – 1999**

**Civilian sector**

| Quarter 4, 1999         | Number of cases | Smear conversion |       |          |       |          |   | Smear not done |
|-------------------------|-----------------|------------------|-------|----------|-------|----------|---|----------------|
|                         |                 | 2 months         |       | 3 months |       | 4 months |   |                |
|                         |                 | Number           | %     | Number   | %     | Number   | % |                |
| New cases               | 54              | 29               | 53,7% | 9        | 70,4% |          |   | 10             |
| Relapses                | 22              |                  |       | 10       | 45,5% | -        | - | 6              |
| Other retreatment cases | 21              |                  |       | 8        | 38%   | -        | - | 3              |

# Ivanovo Oblast – 2000

## Civilian sector

| Quarter 1, 2000         | Number of cases | Smear conversion |       |          |       |          |       | Smear not done | Remains smear-positive | Total |
|-------------------------|-----------------|------------------|-------|----------|-------|----------|-------|----------------|------------------------|-------|
|                         |                 | 2 months         |       | 3 months |       | 4 months |       |                |                        |       |
|                         |                 | Number           | %     | Number   | %     | Number   | %     |                |                        |       |
| New cases               | 48              | 28               | 58,3% | 8        | 75,0% | -        | -     | 4              | 8                      | 48    |
| Relapses                | 15              | -                | -     | 5        | 33,3% | -        | -     | 3              | 7                      | 15    |
| Other retreatment cases | 18              | -                | -     | 2        | 11,1% | 4        | 33,3% | 7              | 5                      | 18    |
| Quarter 2, 2000         |                 |                  |       |          |       |          |       |                |                        |       |
| New cases               | 56              | 36               | 64,3% | 10       | 82%   | -        | -     | 7              | 3                      | 56    |
| Relapses                | 3               | -                | -     | 1        | 33%   | -        | -     | 1              | 1                      | 3     |
| Other retreatment cases | 14              | -                | -     | 5        | 35,7% | 1        | 43%   | 1              | 7                      | 14    |

# Ivanovo Oblast – 2000

## Civilian sector

| Quarter 3, 2000         | Number of cases | Smear conversion |       |          |       |          |       | Smear not done | Remains smear-positive | Total |
|-------------------------|-----------------|------------------|-------|----------|-------|----------|-------|----------------|------------------------|-------|
|                         |                 | 2 months         |       | 3 months |       | 4 months |       |                |                        |       |
|                         |                 | Number           | %     | Number   | %     | Number   | %     |                |                        |       |
| New cases               | 59              | 43               | 72,9% | 6        | 83,0% | -        | -     | 5              | 5                      | 59    |
| Relapses                | 19              | -                | -     | 9        | 47,0% | -        | -     | 6              | 4                      | 19    |
| Other retreatment cases | 17              | -                | -     | 10       | 58,0% | 1        | 64,7% | 3              | 3                      | 17    |
| Quarter 4, 2000         |                 |                  |       |          |       |          |       |                |                        |       |
| New cases               | 53              | 30               | 56,6% | 13       | 81,1% | -        | -     | 9              | 1                      | 53    |
| Relapses                | 19              | -                | -     | 9        | 47,3% | 3        | 63,1% | 3              | 4                      | 19    |
| Other retreatment cases | 16              | -                | -     | 9        | 56,2% | 1        | 62,5% | 2              | 5                      | 16    |
| Total 2000              |                 |                  |       |          |       |          |       |                |                        |       |
| New cases               | 216             | 137              | 63%   | 37       | 81%   |          |       |                |                        |       |
| Relapses                | 56              |                  |       | 24       | 43%   | 3        | 48%   |                |                        |       |
| Other retreatment cases | 65              |                  |       | 26       | 40%   | 7        | 51%   |                |                        |       |

## Orel – 1999

## Civilian sector

[illegible]

**Orel Oblast – 2000**

**Civilian sector**

| Quarter 1, 2000         | Number of cases | Smear conversion |      |          |      |          |      | Smear not done | Remains smear-positive |
|-------------------------|-----------------|------------------|------|----------|------|----------|------|----------------|------------------------|
|                         |                 | 2 months         |      | 3 months |      | 4 months |      |                |                        |
|                         |                 | Number           | %    | Number   | %    | Number   | %    |                |                        |
| New cases               | 68              | 36               | 53%  | 13       | 72%  |          |      | 10             | 9                      |
| Relapses                | 2               |                  |      | 1        | 50%  | -        | 50%  | 1              |                        |
| Other retreatment cases | -               |                  |      |          |      |          |      |                |                        |
| Quarter 2, 2000         |                 |                  |      |          |      |          |      |                |                        |
| New cases               | 61              | 38               | 62.3 | 13       | 84%  |          |      | 7              | 3                      |
| Relapses                | 2               |                  |      | 2        | 100% | -        | 100% |                |                        |
| Other retreatment cases | 3               |                  |      | 3        | 100% | -        | 100% |                |                        |

**Orel Oblast – 2000**

**Civilian sector**

| Quarter 3, 2000         | Number of cases | Smear conversion |     |          |      |          |      | Smear not done | Remains smear-positive |
|-------------------------|-----------------|------------------|-----|----------|------|----------|------|----------------|------------------------|
|                         |                 | 2 months         |     | 3 months |      | 4 months |      |                |                        |
|                         |                 | Number           | %   | Number   | %    | Number   | %    |                |                        |
| New cases               | 62              | 37               | 60% | 8        | 73%  |          |      | 4              | 13                     |
| Relapses                | 4               |                  |     | 4        | 100% |          | 100% |                |                        |
| Other retreatment cases | 4               |                  |     | 4        | 100% |          | 100% |                |                        |
| Quarter 4, 2000         |                 |                  |     |          |      |          |      |                |                        |
| New cases               | 46              | 27               | 59% | 9        | 78%  |          |      | 7              | 3                      |
| Relapses                | 5               |                  |     | 2        | 40%  |          | 40%  | 1              | 2                      |
| Other retreatment cases | 11              |                  |     | 7        | 64%  |          | 64%  | 3              | 1                      |
| Total 2000              |                 |                  |     |          |      |          |      |                |                        |
| New cases               | 237             | 138              | 58% | 43       | 76%  |          |      |                |                        |
| Relapses                | 13              |                  |     | 9        | 69%  |          | 69%  |                |                        |
| Other retreatment cases | 18              |                  |     | 14       | 78%  |          | 78%  |                |                        |

**Orel Oblast – 2000**

**Prison sector**

| Quarter 1, 2000         | Number of cases | Smear conversion |     |          |      |          |      | Smear not done | Remains smear-positive |
|-------------------------|-----------------|------------------|-----|----------|------|----------|------|----------------|------------------------|
|                         |                 | 2 months         |     | 3 months |      | 4 months |      |                |                        |
|                         |                 | Number           | %   | Number   | %    | Number   | %    |                |                        |
| New cases               | 10              | 8                | 80% | -        | 80%  |          |      | -              | 2                      |
| Relapses                | 5               |                  |     | 5        | 100% | -        | 100% |                |                        |
| Other retreatment cases | 22              |                  |     | 22       | 100% | -        | 100% |                |                        |
| Quarter 2, 2000         |                 |                  |     |          |      |          |      |                |                        |
| New cases               | 20              | 17               | 85% | 1        | 90%  |          |      | 2              |                        |
| Relapses                | 1               |                  |     | 1        | 100% | -        | 100% |                |                        |
| Other retreatment cases | 5               |                  |     | 4        | 80%  | -        | 80%  | 1              |                        |

**Orel Oblast – 2000**

**Prison sector**

| Quarter 3, 2000         | Number of cases | Smear conversion |     |          |       |          |     | Smear not done | Remains smear-positive |
|-------------------------|-----------------|------------------|-----|----------|-------|----------|-----|----------------|------------------------|
|                         |                 | 2 months         |     | 3 months |       | 4 months |     |                |                        |
|                         |                 | Number           | %   | Number   | %     | Number   | %   |                |                        |
| New cases               | 6               | 2                | 33% | 1        | 50%   |          |     | -              | 3                      |
| Relapses                | 3               |                  |     | 2        | 67%   | -        | 67% | 1              | -                      |
| Other retreatment cases | 1               |                  |     | -        | -     | -        | -   | -              | 1                      |
| Quarter 4, 2000         |                 |                  |     |          |       |          |     |                |                        |
| New cases               | 14              | 10               | 71% | 1        | 78,5% | -        | -   | 2              | 1                      |
| Relapses                | -               |                  |     |          |       |          |     |                |                        |
| Other retreatment cases | 4               |                  |     | 3        | 75%   |          | 75% | -              | 1                      |
| Total 2000              |                 |                  |     |          |       |          |     |                |                        |
| New cases               | 50              | 37               | 74% | 3        | 80%   |          |     |                |                        |
| Relapses                | 9               |                  |     | 8        | 89%   | -        | 89% |                |                        |
| Other retreatment cases | 32              |                  |     | 29       | 91%   | -        | 91% |                |                        |



# **Vladimir Oblast – 2000**

## **Civilian sector**

| Quarter 4, 2000         | Number of cases | Smear conversion |     |          |     |          |   | Smear not done | Remains smear-positive |
|-------------------------|-----------------|------------------|-----|----------|-----|----------|---|----------------|------------------------|
|                         |                 | 2 months         |     | 3 months |     | 4 months |   |                |                        |
|                         |                 | Number           | %   | Number   | %   | Number   | % |                |                        |
| New cases               | 74              | 57               | 77% | 5        | 83% | -        |   | 8              | 4                      |
| Relapses                | -               |                  |     |          |     |          |   |                |                        |
| Other retreatment cases | -               |                  |     |          |     |          |   |                |                        |

## Quarterly Reports on Treatment Outcome

**Ivanovo Oblast – 1999**

**Civilian sector**

| <b>Treatment outcomes</b>       | Quarter 1 – 1999 |   | Quarter 2 – 1999 |   | Quarter 3 – 1999 |   | Quarter 4 – 1999 |              |
|---------------------------------|------------------|---|------------------|---|------------------|---|------------------|--------------|
| <i>New sputum smear + cases</i> | Abs. number      | % | Abs. Number      | % | Abs. Number      | % | Abs. number      | %            |
| CURED                           |                  |   |                  |   |                  |   | 26               | 48.1%        |
| COMPLETED                       |                  |   |                  |   |                  |   | -                | -            |
| <b>TREATMENT SUCCESS</b>        |                  |   |                  |   |                  |   | <b>26</b>        | <b>48.1%</b> |
| FAILURE                         |                  |   |                  |   |                  |   | 6                | 11.1%        |
| DIED                            |                  |   |                  |   |                  |   | 10               | 18.5%        |
| DEFAULTED                       |                  |   |                  |   |                  |   | 7                | 13%          |
| TRANSFERRED OUT                 |                  |   |                  |   |                  |   | 5                | 9.3%         |
| <b>TOTAL</b>                    |                  |   |                  |   |                  |   | <b>54</b>        | <b>100%</b>  |

# Ivanovo Oblast – 2000

## Civilian sector

| Treatment outcomes              | Quarter 1 – 2000 |             | Quarter 2 – 2000 |   | Quarter 3 – 2000 |   | Quarter 4 – 2000 |   |
|---------------------------------|------------------|-------------|------------------|---|------------------|---|------------------|---|
| <i>New sputum smear + cases</i> | Abs. number      | %           | Abs. Number      | % | Abs. Number      | % | Abs. Number      | % |
| CURED                           | 32               | 66.7        |                  |   |                  |   |                  |   |
| COMPLETED                       | -                |             |                  |   |                  |   |                  |   |
| <b>TREATMENT SUCCESS</b>        | <b>32</b>        | <b>66.7</b> |                  |   |                  |   |                  |   |
| FAILURE                         | 5                | 10.4        |                  |   |                  |   |                  |   |
| DIED                            | 4                | 8.3         |                  |   |                  |   |                  |   |
| DEFAULTED                       | 3                | 6.3         |                  |   |                  |   |                  |   |
| TRANSFERRED OUT                 | 4                | 8.3         |                  |   |                  |   |                  |   |
| <b>TOTAL</b>                    | <b>48</b>        | <b>100%</b> |                  |   |                  |   |                  |   |

Orel Oblast - 1999

Civilian sector

| <b>Treatment outcomes</b>       | Quarter 1 – 1999 |   | Quarter 2 – 1999 |   | Quarter 3 – 1999 |   | Quarter 4 – 1999 |              |
|---------------------------------|------------------|---|------------------|---|------------------|---|------------------|--------------|
| <i>New sputum smear + cases</i> | Abs. Number      | % | Abs. Number      | % | Abs. Number      | % | Abs. number      | %            |
| CURED                           |                  |   |                  |   |                  |   | 31               | 70.4%        |
| COMPLETED                       |                  |   |                  |   |                  |   | 3                | 6.8%         |
| TREATMENT SUCCESS               |                  |   |                  |   |                  |   | <b>34</b>        | <b>77.3%</b> |
| FAILURE                         |                  |   |                  |   |                  |   | 1                | 2.3%         |
| DIED                            |                  |   |                  |   |                  |   | 7                | 15.9%        |
| DEFAULTED                       |                  |   |                  |   |                  |   | 2                | 4.5%         |
| TRANSFERRED OUT                 |                  |   |                  |   |                  |   | -                | -            |
| <b>TOTAL</b>                    |                  |   |                  |   |                  |   | <b>44</b>        | <b>100%</b>  |

**Orel Oblast - 2000**

**Civilian sector**

| <b>Treatment<br/>outcomes</b>       | Quarter 1 – 2000 |              | Quarter 2 - 2000 |   | Quarter 3 – 2000 |   | Quarter 4 – 2000 |   |
|-------------------------------------|------------------|--------------|------------------|---|------------------|---|------------------|---|
| <i>New sputum<br/>smear + cases</i> | Abs. number      | %            | Abs. Number      | % | Abs. Number      | % | Abs. number      | % |
| CURED                               | 49               | 72,1%        |                  |   |                  |   |                  |   |
| COMPLETED                           | 3                | 4,5%         |                  |   |                  |   |                  |   |
| <b>TREATMENT<br/>SUCCESS</b>        | <b>52</b>        | <b>76,6%</b> |                  |   |                  |   |                  |   |
| FAILURE                             | 6                | 8,8%         |                  |   |                  |   |                  |   |
| DIED                                | 6                | 8,8%         |                  |   |                  |   |                  |   |
| DEFAULTED                           | 2                | 2,9%         |                  |   |                  |   |                  |   |
| TRANSFERRED<br>OUT                  | 2                | 2,9%         |                  |   |                  |   |                  |   |
| <b>TOTAL</b>                        | <b>68</b>        | <b>100%</b>  |                  |   |                  |   |                  |   |

**Orel Oblast - 2000**

**Prison sector**

| <b>Treatment outcomes</b>       | Quarter 1 – 2000 |             | Quarter 2 - 2000 |   | Quarter 3 – 2000 |   | Quarter 4 – 2000 |   |
|---------------------------------|------------------|-------------|------------------|---|------------------|---|------------------|---|
| <i>New sputum smear + cases</i> | Abs. number      | %           | Abs. Number      | % | Abs. Number      | % | Abs. number      | % |
| CURED                           | 9                | 90%         |                  |   |                  |   |                  |   |
| COMPLETED                       |                  |             |                  |   |                  |   |                  |   |
| <b>TREATMENT SUCCESS</b>        | <b>9</b>         | <b>90%</b>  |                  |   |                  |   |                  |   |
| FAILURE                         |                  |             |                  |   |                  |   |                  |   |
| DIED                            | 1                | 10%         |                  |   |                  |   |                  |   |
| DEFAULTED                       |                  |             |                  |   |                  |   |                  |   |
| TRANSFERRED OUT                 |                  |             |                  |   |                  |   |                  |   |
| <b>TOTAL</b>                    | <b>10</b>        | <b>100%</b> |                  |   |                  |   |                  |   |

## Annex 1

### Quarterly Reports on Case finding

## Ivanovo Oblast - 1999

## Civilian sector

|   | Quarter 1 – 1999 |   | Quarter 2 – 1999 |   | Quarter 3 – 1999 |   | Quarter 4 – 1999 |              |
|---|------------------|---|------------------|---|------------------|---|------------------|--------------|
|   | Abs. Number      | % | Abs. Number      | % | Abs. Number      | % | Abs. Number      | %            |
| Number of registered patients (NEW)             |                  |   |                  |   |                  |   | 107              |              |
| Number of smear positive                        |                  |   |                  |   |                  |   | 54               | <b>50.5%</b> |
| Number of registered patients (Relapses)        |                  |   |                  |   |                  |   | 22               |              |
| Number of smear positive                        |                  |   |                  |   |                  |   | 22               | 100%         |
| Number of registered patients (Extra-pulmonary) |                  |   |                  |   |                  |   | 19               |              |
| Total cases registered                          |                  |   |                  |   |                  |   | <b>148</b>       |              |
| <b>Total cases – 1999</b>                       |                  |   |                  |   |                  |   |                  |              |

## Ivanovo Oblast - 2000

## Civilian sector

[illegible]



**Ivanovo Oblast - 2001**

## Civilian sector

|   | Quarter 1 – 2001 |            | Quarter 2 – 2001 |   | Quarter 3 – 2001 |   | Quarter 4 – 2001 |   |
|---|------------------|------------|------------------|---|------------------|---|------------------|---|
|   | Abs. Number      | %          | Abs. Number      | % | Abs. Number      | % | Abs. number      | % |
| Number of registered patients (NEW)             | 243              |            |                  |   |                  |   |                  |   |
| Number of smear positive                        | 60               | <b>25%</b> |                  |   |                  |   |                  |   |
| Number of registered patients (Relapses)        | 33               |            |                  |   |                  |   |                  |   |
| Number of smear positive                        | 13               | <b>40%</b> |                  |   |                  |   |                  |   |
| Number of registered patients (Extra-pulmonary) | 24               |            |                  |   |                  |   |                  |   |
| Total cases registered                          | 300              |            |                  |   |                  |   |                  |   |
| <b>Total cases – 2001</b>                       |                  |            |                  |   |                  |   |                  |   |

## Orel Oblast - 1999

## Civilian sector

|   | Quarter 1 – 1999 |   | Quarter 2 – 1999 |   | Quarter 3 – 1999 |   | Quarter 4 – 1999 |              |
|---|------------------|---|------------------|---|------------------|---|------------------|--------------|
|   | Abs. Number      | % | Abs. Number      | % | Abs. Number      | % | Abs. Number      | %            |
| Number of registered patients (NEW)             |                  |   |                  |   |                  |   | 121              |              |
| Number of smear positive                        |                  |   |                  |   |                  |   | 44               | <b>36.4%</b> |
| Number of registered patients (Relapses)        |                  |   |                  |   |                  |   | -                |              |
| Number of smear positive                        |                  |   |                  |   |                  |   | -                |              |
| Number of registered patients (Extra-pulmonary) |                  |   |                  |   |                  |   | 7                |              |
| Total cases registered                          |                  |   |                  |   |                  |   | <b>128</b>       |              |
| <b>Total cases 1999</b>                         | <b>128</b>       |   |                  |   |                  |   |                  |              |

## Orel Oblast - 2000

## Civilian sector

[illegible]

## Orel Oblast - 2001

## Civilian sector

|   | Quarter 1 - 2001 |     | Quarter 2 – 2001 |   | Quarter 3 – 2001 |   | Quarter 4 – 2001 |   |
|---|------------------|-----|------------------|---|------------------|---|------------------|---|
|   | Abs. Number      | %   | Abs. Number      | % | Abs. Number      | % | Abs. number      | % |
| Number of registered patients (NEW)             | 163              |     |                  |   |                  |   |                  |   |
| Number of smear positive                        | 68               | 42% |                  |   |                  |   |                  |   |
| Number of registered patients (Relapses)        | 12               |     |                  |   |                  |   |                  |   |
| Number of smear positive                        | 5                | 42% |                  |   |                  |   |                  |   |
| Number of registered patients (Extra-pulmonary) | 6                |     |                  |   |                  |   |                  |   |
| Total cases registered                          | 181              |     |                  |   |                  |   |                  |   |
| <b>Total cases 2001</b>                         |                  |     |                  |   |                  |   |                  |   |

## Orel Oblast - 2000

## Prison sector

[illegible]

### Orel Oblast - 2001

## Prison sector

|   | Quarter 1 - 2001 |     | Quarter 2 – 2001 |   | Quarter 3 – 2001 |   | Quarter 4 – 2001 |   |
|---|------------------|-----|------------------|---|------------------|---|------------------|---|
|   | Abs. Number      | %   | Abs. Number      | % | Abs. Number      | % | Abs. number      | % |
| Number of registered patients (NEW)             | 35               |     |                  |   |                  |   |                  |   |
| Number of smear positive                        | 6                | 17% |                  |   |                  |   |                  |   |
| Number of registered patients (Relapses)        | 4                |     |                  |   |                  |   |                  |   |
| Number of smear positive                        | 3                | 75% |                  |   |                  |   |                  |   |
| Number of registered patients (Extra-pulmonary) | -                |     |                  |   |                  |   |                  |   |
| Total cases registered                          | 39               |     |                  |   |                  |   |                  |   |
| <b>Total cases 2001</b>                         |                  |     |                  |   |                  |   |                  |   |

## Vladimir oblast - 2000

## Civilian sector

[illegible]

### Vladimir oblast - 2001

## Civilian sector

|   | Quarter 1 – 2001 |     | Quarter 2 – 2001 |   | Quarter 3 – 2001 |   | Quarter 4 – 2001 |   |
|---|------------------|-----|------------------|---|------------------|---|------------------|---|
|   | Abs. Number      | %   | Abs. Number      | % | Abs. Number      | % | Abs. number      | % |
| Number of registered patients (NEW)             | 193              |     |                  |   |                  |   |                  |   |
| Number of smear positive                        | 87               | 45% |                  |   |                  |   |                  |   |
| Number of registered patients (Relapses)        | 28               |     |                  |   |                  |   |                  |   |
| Number of smear positive                        | 13               | 46% |                  |   |                  |   |                  |   |
| Number of registered patients (Extra-pulmonary) | 20               |     |                  |   |                  |   |                  |   |
| Total cases registered                          | 241              |     |                  |   |                  |   |                  |   |
| <b>Total cases 2001</b>                         |                  |     |                  |   |                  |   |                  |   |



# OFFICE OF THE SPECIAL REPRESENTATIVE OF THE WHO DIRECTOR GENERAL IN RUSSIA

Mikko Vienonen, Special Representative of the Director-General

## Annex 2

### WHO/RUSSIA TB PROGRAMME

Wieslaw Jakubowiak, TB Programme Coordinator (Finnish Gov. USAID)

### Administrative Support Unit

Elena Pykova, Administrative Assistant (USAID, DFID)  
Victoria Pshenichnaya, Secretary (Finn. Gov.)  
Oxana Kosheleva, Secretary (DFID)  
Irina Abayeva, Financial Assistant (USAID)

### POLICY AND STRATEGY DEVELOPMENT PROJECT /HIGH LEVEL WORKING GROUP

Nicolas Cantau, Technical Officer (DFID)  
Konstantin Malakhov, Assistant (DFID)

### PILOT PROJECT

#### USAID-FUNDED (OREL, IVANOV, VLADIMIR)

Hans Kluge, Medical Officer (USAID)  
Irina Danilova, Assistant (USAID)  
Yelena Kolochkova, Assistant (USAID)  
Dmitry Pashkevitch, Assistant (USAID)  
Egor Pakhomov (Finn. Gov., USAID)

### PILOT PROJECT

**Finnish Government funded (Novgorod)**  
Yuri Kokotov, Assistant (Finn. Gov)

### COST EFFECTIVENESS IN TB CONTROL

Nina Khourieva, Assistant (DFID)  
Anatoly Vinkur, Assistant (DFID)

### EDUCATION AND TRAINING SUPPORT PROJECT\*

Amy Piatek, Technical Officer (USAID) In the future will be DFID

### MONITORING OF WORLD BANK LOAN PROGRAMME IMPLEMENTATION\*

\* The projects are considered to start in the future.